MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017255
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 26

FILED APR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0930
2 0930
3
4 1
5 2
6
7 0
8 2
9 4201
10
11
12 2-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola
Length of stay in 1b: Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osceola Med; Hosp;
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN: Osceola
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lula Middle: May Last: Chastain

4. DATE OF DEATH: Month, Day, Year: April 2, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1/15/92

9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Osceola Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Fry

13b. MOTHER'S MAIDEN NAME: Jane Driver

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Paul Todd, Osceola Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-30-1963 to 4-2-63 and last saw her alive on 4-3-63
Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Seevers MD

22b. ADDRESS: Osceola Missouri

22c. DATE SIGNED: 4/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/5/63

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Mound

23d. LOCATION (City, town, or county) (State): Osceola Missouri

24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.: 4-15-1963

26. REGISTRAR'S SIGNATURE: Ruth Seevers

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Crescent Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.